

Monthly Giving Donation Form

Kindly print this form, fill it in and mail it to:

Grace Church On-the-Hill
300 Lonsdale Road
Toronto, ON M4V 1X4

Name(s): _____

Address: _____

City: _____

Postal Code: _____

Primary Phone #: _____

Email: _____

I/we wish to **donate this monthly** amount to Grace Church-on-the-Hill \$ _____

Please debit my bank account or credit card for this monthly amount:

(Circle your choice)

1. Through ***Pre-Authorized Giving***, which is a direct debit from my/our chequing account [PLEASE ATTACH A VOID CHEQUE TO THIS FORM]

OR/

2. I/we wish to give monthly through a Credit Card donation through
Master Card / Visa (circle one)

Card # _____ Expiry Date: ___ / ___

OR/

3. I/we will give through twelve post-dated cheques submitted to the Church Office

Additionally: Check Yes/No

I authorize the Envelope Secretary to increase my annual monthly give by \$___ /%___
beginning in January of each year YES ___ NO___

Signature: _____

Date: _____

You may change or cancel your monthly donation at any time by contacting the Church Office.

Thank You! An income tax receipt will be sent to you at the end of the year
for your accumulated givings.

Grace Church On-the-Hill
300 Lonsdale Road
Toronto, ON M4V 1X4

office@gracechurchonthehill.ca

tel. (416) 488-7884, ext. 1